



TRAINING COURSE ANNOUNCEMENT

MONTGOMERY COUNTY

FIRE & RESCUE TRAINING ACADEMY



Course Title: **EMT-Intermediate Course #15 (CRT'99)**
(Day Class)

Start Date: December 6, 2011

End Date: April 23, 2012

Time: 0700-1700 (40 hour work week)

Classroom: Tuesday & Thursdays

Clinical: One day each ALS Unit & hospital



Location: MCFRTA

Instructor: Cathy Smith, RN EMT-P

Prerequisite: See application for specific requirements

Applications can be downloaded from the PSTA Web site:
<http://www.mcfrs.org/PSTA>

Note: Pre-Entrance examination is scheduled for October 24, 2011 at 1900 hours or October 25, 2011 at 1000 hours.

The course is limited to 20 persons and will meet or exceed the 1999 EMT-I curriculum. All students successfully completing this course and the National Registry DOT EMT-I examinations will be eligible to take the Maryland 1999 CRT'99 Licensing exam.

Registration Deadline: 10/21/2011 1700 hours

PREREGISTRATION IS REQUIRED
CONTACT YOUR
TRAINING COORDINATOR

MEMORANDUM

September 29, 2011

TO: All Interested MCFRS Personnel

FROM: Captain Lee R. Silverman NREMT-P
EMS Training Officer

SUBJECT: EMT-Intermediate (EMT-I) # 15 Course

I am pleased to announce the application process for EMT-Intermediate Course #15, which is scheduled to begin December 6, 2011 and end April, 2012. This day course is a 40 hour work week course with class on Tuesday and Thursday, one day on the medic unit and one day in the hospital. You will be assigned a Kelly day.

After successful completion of the course, the National Registry Intermediate Exam, and the Maryland Protocol Exam you will become licensed as a Cardiac Rescue Technician-Intermediate. The CRT-I can perform one less skill than the EMT-Paramedic and must request medical direction on several medications that the EMT-P can administer without an order.

Based on Appendix A (Paramedic Program Standards) of the EMS Operations Manual the requirements for admission into the Paramedic (EMT-I) Program are:

1. Be at least 18 years of age upon the first day of class.
2. Be currently certified to the Maryland EMT-B level.
3. **Have had at least one full year of continuous experience as an EMT-B with BLS charge status immediately before enrollment in the program**, or have run 150 emergency ambulance calls as charge. This experience must be verified in writing by the LFRD Chief or MCFRS Senior Career Officer and verifiable by the FRTA.
4. AHA Healthcare Provider or equivalent CPR Certification.
5. Be a current member of a LFRD or a current career uniformed employee of MCFRS with at least one year of service prior to application.

MCVFRS Candidates must complete an application packet consisting of:

1. EMT-I Program Application Form
2. Copies of current EMT-B and CPR cards (or annual re-certification verification)
3. A written statement from the candidate detailing their reasons for wishing to take this training.

MCFRS Candidates must complete an application packet consisting of:

1. EMT-I Program Application Form
2. Copies of current EMT-B and CPR cards (or annual re-certification verification)
3. A written statement from the candidate detailing their reasons for wishing to take this training.

APPLICATION PACKET IS AVAILABLE ON THE WEBSITE:

www.montgomerycountymd.gov/firerescue/psta. The application packet must be turned into the EMS Training Officer no later than 1700 hours, October 21, 2011.

Candidates who have turned in the entire completed application packet and have met all the standards will be seated at the **Entrance examination on October 24 at 1900 or October 25 at 1000 at the Fire Rescue Training Academy (if you are late you will not be seated). Once the Training Academy receives the complete application packet the EMS Training Staff will send out the endorsement forms to the appropriate persons.** Please select the time that you would like to take the entrance examination on the EMT-I application (circle only one time). There will be no other dates or make-up exams. The entrance exam is described on the attached page entitled "The EMT-I Entrance Examination".

Candidates who pass the entrance exam will be contacted by the EMS office. Selection for the course seats is based on the FRTA standard seating formula.

If you need any further information or have any questions please contact me at 301-279-1275.

Montgomery County Fire & Rescue Service
Division of Wellness, Safety & Training
Fire Rescue Training Academy

The EMT-I Entrance Examination

The Entrance exam is composed of four parts. Each part is administered separately, and each part has a time limit. Each part must be passed. The exam is given to help identify candidates who are able to pass the EMT-I program. Marginal performance on the exam has been an excellent predictor of failure of the EMT-Intermediate program. The four parts are as follows:

1. ***Reading comprehension:*** The candidate will be given a series of paragraphs to read. Several multiple choice questions will follow each selection to test the candidate's comprehension of the material. EMT-I students are expected to read and understand hundreds of pages of textbooks and handouts during the course of the class.
2. ***Word analogies:*** This section will test the candidate's word knowledge and ability to reason. The candidate will be given a series of multiple choice questions formatted as in the example:

Pane is to window as page is to a) **book**, b) telephone, c) senate, d) city
3. ***Math ability:*** The candidate will be tested on their ability to do: a) basic addition, subtraction, multiplication and division; and b) operations of above with decimals, percentages and fractions. EMT-I students must be able to quickly calculate proper drug dosages most of which are based on patient weight in kilograms. The successful student will be able to convert pounds to kilograms, and multiply by the proper ratio to arrive at a proper dose.
4. ***EMT knowledge:*** The candidate will be tested on knowledge of material found in Brady's Emergency Care 10th edition; or AAOS 9th edition and the July 1, 2011 edition of the Maryland Medical Protocols. EMT-I's must memorize many pages of protocols and recall them instantly for successful patient outcomes.

Montgomery County Fire & Rescue Service
Division of Wellness, Safety and Training
Fire and Rescue Training Academy
Course Announcement

Emergency Medical Technician Intermediate # 15

Starting Date: December 6, 2011

Class Times: 0700-1700

Days: 40 hour work week. Tuesday and Thursday: class; one day on the medic unit, one day in the hospital.

Location: Fire and Rescue Training Academy

Total Hours: 600 (classroom, clinical and medic unit)

Medic Unit Rotations: As scheduled with the Clinical Coordinator. Students are required to ride a minimum of 10 hours per week and to have completed a total of 160 hours by end of class.

Hospital Rotations: As scheduled with the Clinical Coordinator. Students will be required to attend approximately 10 hours per week in a hospital setting and complete a total of 146 hours (plus any additional remedial hours as necessary) by end of class.

Pre-requisites: Successful completion of EMT-B, CPR and other requirements outlined in accompanying memo.

Attendance Requirements: Because of the concentrated nature of this course, absences are limited to two class sessions a semester. Missed sessions must be made up within two weeks. Students with attendance problems will be dismissed from the program.

End of Class Tests: The class will finish with the National Registry EMT-I Written and Practical exams during May, 2012. Successful completion of the National Registry test will enable the student to take the written Maryland '99 Cardiac Rescue Technician Protocol test and obtain '99 CRT licensure.

Application Process: Candidates must complete the application and testing process outlined in accompanying memo.

Complete applications MUST be turned in to the EMS Training Officer no later than 1700 on October 21, 2011. Applications that are not complete and/or received late will not be accepted.

Montgomery County Fire & Rescue Service
Division of Wellness, Safety & Training
Fire and Rescue Training Academy

Application for Emergency Medical Technician-Intermediate Course # 15

Personal Information

Name: _____ Date of Birth: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Pager/cell phone: _____

E-mail _____ FD ID _____

I want to take the Entrance exam on **October 24 at 1900** or **October 25 at 1000.**
(Circle one)

Employment:

Current Employer's Name: _____

Supervisor's Name: _____

Supervisor's Phone #: _____

Occupation: _____

May a representative of the FRTA contact your employer: **YES** or **NO** (circle one)

Education

What high school did you graduate from? _____

Year that you graduated? _____

College attended and years? _____

Field of Study: Degree: _____

Other Education: Degree or Cert. In: _____

Other Education: Degree or Cert. In: _____

Print name: _____

Please list all professional licenses:

Fire/Rescue Activities

Current primary Fire/Rescue affiliation: _____

From: _____ To: _____ Rank _____ Sta #: _____ Shift: _____

Any secondary affiliation: _____

Total years Fire/Rescue, EMS experience: _____

EMT-B since: _____ EMT-B ID # _____ Exp date: _____

Ambulance OIC since: _____

Average number of ambulance/medic runs per week: _____

NOTE: If less than 1 year as a Charge EMT-B, documentation of a minimum of 150 calls as a charge medical attendant must accompany this application.

Other Fire/Rescue/EMS Course: (may enclose transcript):

Course(s) taken and date: _____

Course(s) taken and date: _____

Course(s) taken and date: _____

Print name: _____

Authorization to release Transcript:

I _____ (Print your name) in compliance with the Federal "Family Educational and Rights to Privacy Act of 1974" and the Buckley Amendment, authorize and give permission to the Fire and Rescue Training Academy of Montgomery County, Maryland, to release a transcript of my training records to the EMS training staff.

(Signature)

All applicants for course must truthfully answer these questions:

Have you ever applied for ALS certification/licensure in MD, or any other state? _____

When _____ Where _____ Was it granted? _____

If not, why not? Explain on additional sheet.

Have you ever had ALS, BLS or other medical certification of license withheld, suspended, revoked or denied? _____ If yes, identify what certification, when and by whom, and explain the circumstances on a separate sheet.

Have you ever been convicted of, or plead guilty to, or pled nolo contendere to any crime other than a minor traffic violation? _____ If so, explain on a separate sheet.

BY MY SIGNATURE:

I understand that all of the above information I have given is subject to verification.

Affirm and declare that all of the above information I provided is true and correct to the best of my knowledge.

Acknowledge that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation.

Applicants signature

Date